

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Molina Healthcare, Inc. PAC

ADDRESS (number and street)

200 Oceangate**Suite 100****Long Beach****CA****90802**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)**margie.finkelnburg@molinahealthcare.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE

M	M
0	3

 /

D	D
1	1

 /

Y	Y	Y	Y
2	0	1	0

3. FEC IDENTIFICATION NUMBER

C C004302564. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Michael Mayers**Signature of Treasurer Electronically Filed by **Michael Mayers**

Date

M	M
0	3

 /

D	D
1	1

 /

Y	Y	Y	Y
2	0	1	0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)